

# Together With



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## TOSHA Adds Targeting Initiative for Hospitals and Ambulatory Surgical Treatment Centers

During inspections over the past few years, TOSHA has observed in a significant number of medical facilities a failure to comply with sharps injury prevention provisions of the bloodborne pathogen standard. Therefore, beginning October 1, 2006, TOSHA will conduct inspections in hospitals and ambulatory surgical treatment centers focusing on compliance with the sharps injury prevention provisions. The first year of this targeting initiative has already begun with a training and education phase.

In 2000 the Centers for Disease Control estimated that healthcare workers in hospital settings annually sustain over 300,000 percutaneous injuries involving contaminated sharps. The average rate for healthcare workers in general is 0.18 sharps injury per healthcare worker per year according to a survey funded by NIOSH. And needlestick injuries are costly due to time and money necessary to investigate the source, provide post-exposure care, loss of work time and productivity, and the treatment of resulting illnesses. Plus we cannot forget that workers' lives are literally at stake. Also, according to the American Hospital Association, one case of serious infection by a bloodborne pathogen

► See TOSHA Adds Targeting Initiative, Page 2

### SUCCESS STORY — *One Small Step*

As part of an inspection conducted to investigate the circumstances regarding a forklift driver who died of a heart attack, a TOSHA industrial hygienist evaluated carbon monoxide (CO) levels at the facility. It was discovered that the victim operated an electric forklift, and carbon monoxide levels in the victim's work area were seven to eight parts of CO per million parts of air (ppm); the TOSHA permissible exposure limit is 35 ppm averaged over eight hours. The facility, however, had two propane-powered lifts in another area. The ambient CO levels in the area when the propane lifts were not running were again seven to eight ppm. First one of the lifts was started up and CO measurements were taken about four feet behind the lift; the ambient CO level did not change. Upon starting the other lift, however, the CO concentration four feet behind it immediately climbed to 600 ppm, which is one-half of the 1200 ppm IDLH (immediately dangerous to life and health) level. The manager immediately took the lift out of service for maintenance. Citations were proposed for inadequate CO hazard warning signs, no CO material safety data sheet, and inadequate hazard communication training on carbon monoxide. As a result of this inspection, CO exposure to five employees was reduced by 592 ppm.

### OSHA Issues Final Standard on Hexavalent Chromium

OSHA has amended the existing standard that limits occupational exposure to hexavalent chromium (Cr(VI)). The new standard was published in the Federal Register on February 28, 2006. This final rule becomes effective in Federal OSHA jurisdictions on May 30, 2006. More information will be forthcoming on the effective date of the standard in Tennessee. The standard was published in accord with the timetable established by the U.S. Court of Appeals for the Third Circuit, which in April, 2003, ordered OSHA to promulgate a standard governing workplace exposure to hexavalent chromium.

The new standard lowers OSHA's permissible exposure limit (PEL) for hexavalent chromium, and for all Cr(VI) compounds, from 52 to 5 micrograms of Cr(VI) per cubic meter of air as an 8-hour time-weighted average. The standard also includes provisions relating to preferred methods

► See Final Standard, Page 2

## OSHA Issues Final Standard on Hexavalent Chromium

2

for controlling exposure, respiratory protection, protective work clothing and equipment, hygiene areas and practices, medical surveillance, hazard communication, and recordkeeping.

Hexavalent chromium compounds are widely used in the chemical industry as ingredients and catalysts in pigments, metal plating, and chemical synthesis. Cr(VI) can also be produced when welding on stainless steel or Cr(VI)-painted surfaces. The major health effects associated with exposure to Cr(VI) include lung cancer, nasal septum ulcerations and perforations, skin ulcerations, and allergic and irritant contact dermatitis.

For more information, including the complete text of the final rule, visit [www.osha.gov](http://www.osha.gov) and follow the link titled "OSHA Issues Final Standard on Hexavalent Chromium."



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From Page One

### TOSHA Adds Targeting Initiative

can soon add up to \$1 million or more in expenditures for testing, follow-up, lost time, and disability payments. The cost of follow-up for a high-risk exposure is almost \$3,000 per needlestick injury even when no infection occurs. A safer needle device costs only about 28 cents more than a standard device.

To learn more about the implementation of this Targeting Initiative in Hospitals and Ambulatory Surgical Treatment Centers, attend one of TOSHA's training seminars this spring and summer.

**Dates and locations for the seminars are as follows:**

<b>Fayetteville</b>	<b>April 7, 2006</b>
<b>Kingsport</b>	<b>April 18, 2006</b>
<b>Knoxville</b>	<b>April 19, 2006</b>
<b>Chattanooga</b>	<b>April 25, 2006</b>
<b>Jackson</b>	<b>May 18, 2006</b>

<b>Cookeville</b>	<b>May 24, 2006</b>
<b>Nashville</b>	<b>June 1, 2006</b>
<b>Memphis</b>	<b>June 6, 2006</b>
<b>Knoxville</b>	<b>June 13, 2006</b>
<b>Nashville</b>	<b>June 20, 2006</b>

**For information about registration, call (615) 253-4006.**



### Safety Congress CORRECTION

In the last edition of this newsletter, page 3 was dedicated to a description of the upcoming 29th Annual Tennessee Safety and Health Congress. There was an error on that page that many of you noticed: The dates for the Congress were listed incorrectly as June 30 through August 2, 2006. Don't worry, we do not expect you to spend a month at the Congress—it's going to be a great Congress, but not that great.

The correct dates are **JULY 30 through AUGUST 2, 2006.**

Please come join us for the three and a half day event—we promise not to make you stay longer. To register go to [www.tnsafetycongress.org](http://www.tnsafetycongress.org).

For the companies in Tennessee who take the lead in safety and health, TOSHA has four programs to provide recognition for their efforts. The programs represent a varied level of accomplishment so that, with attention to employee safety and health, any business should be able to achieve recognition at some level. These programs are the Volunteer Star (VPP) Award, Consultative Services' SHARP (Safety and Health Achievement Recognition Program) Award, the Governor's Award, and the Commissioner's Award.

The Volunteer Star Award is the premier program for recognizing achievement in safety and health in the workplace. Members of this program form a cooperative relationship among TOSHA, the company employees, and company management. Admission to the program is available to manufacturing facilities with exemplary safety and health programs. Criteria are stringent, but there are currently 23 sites within Tennessee in the program. Members receive a Volunteer STAR flag and an exemption from TOSHA general schedule inspections. For more information, call Jim Flanagan at 615-741-5421.

The SHARP Award is for small companies who want to work with TOSHA's Consultative Services section to make a significant improvement in their safety and health programs. For businesses with fewer than 250 employees on-site and fewer than 500 corporate-wide in the United States, the SHARP program recognizes employers as models for workplace safety and health. There are currently 12 SHARP sites in Tennessee. For more information, call Jim Cothron at 615-741-7155. Members receive a SHARP flag and exemption from general schedule inspections from TOSHA while in the program.

The Governor's and the Commissioner's awards are open to those employers in the manufacturing and construction sectors. The Governor's Award honors employers and their employees who have achieved the required number of hours worked without experiencing a lost workday or restricted duty case at their establishments. The Commissioner's Award honors employers and their employees who have achieved the required number of hours worked without experiencing a lost workday case and have maintained total injury and illness incidence rates below the national average. The number of hours worked required to qualify is based on the number of employees in the company. For more information, call Jim Flanagan at 615-741-5421.

## TOSHA TIPS

**Condition:** A readily visible sign did not mark an exit or access to an exit.

**Potential Effects:** Burns, smoke-related injuries and other injuries from delayed egress during fire or other emergency.

**Standard:** 29 CFR 1910.37(b)(2)

**Recommended Action:**

1. Install a sign marked "EXIT" over or on the doorway so that employees in the area can see the way to the exit readily in an emergency.
2. The sign wording should be in plainly legible letters no less than six inches high with the principal strokes of the letters not less than three-fourths inches wide.
3. The exit route door must be free of decorations or signs that obscure the visibility of the door and the exit sign on it.
4. Mark each doorway that could be mistaken for an exit as "Not an Exit," or by a sign identifying its actual use (i.e., "Closet").
5. Illuminate each exit sign to a surface value of at least five foot candles by a reliable light source.
6. If the direction of travel to the exit is not apparent, post signs along the exit access indicating the direction of travel to the nearest exit and exit discharge.

# LEARN & LIVE

## A TOSHA Case File Summary



An employee at a sawmill experienced severe lacerations from contact with an unguarded cut-off saw. The injury damaged an artery leading to massive blood loss. The workplace, located in a rural portion of the state, was approximately 20 minutes away from the nearest medical facility. No one at the facility was trained in first aid, and employees who witnessed the incident did not know how to stem the flow of blood. Thus the injured employee did not receive appropriate treatment in a timely manner and went into shock from loss of blood.

### To Prevent Such an Incident from Happening:

1. Ensure that all machinery and equipment are properly guarded at all times.
2. Establish a disciplinary program that does not allow employees to operate equipment and machinery when the proper guards are removed.
3. Train at least one employee in basic first aid on every shift where work is done.
4. Assign these employees the collateral duty of providing first aid when an injury or illness occurs.

### To Prevent Injury or Illness to First Aid Responders and Other Employees After An Injury Occurs:

1. Establish an exposure control plan.
2. Offer hepatitis B vaccinations to all first aid responders.
3. Provide adequate first aid supplies and equipment.
4. Ensure that an appropriate disinfectant is used to clean and disinfect any area that comes into contact with blood or other potentially infectious body fluids.
5. Dispose of materials contaminated with blood and/or body fluids appropriately in labeled containers.
6. Provide annual training on bloodborne hazards to the first aid responders.

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